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Bib Data Sheet

CONFIRMATION NO. 8506

|                                    |   |                     |                               |   |
|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/825,752 | <b>FILING OR 371(c) DATE</b><br>04/16/2004<br><b>RULE</b> | <b>CLASS</b><br>601 | <b>GROUP ART UNIT</b><br>3764 | <b>ATTORNEY DOCKET NO.</b><br>12.023011-CIP |
|------------------------------------|---|---------------------|-------------------------------|---|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 09/827,371 04/06/2001

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

06/25/2004

|  |  |                               |                            |                          |                                |
|--|--|-------------------------------|----------------------------|--------------------------|--------------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Examiner's Signature _____ Initials _____ | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>3 | <b>TOTAL CLAIMS</b><br>5 | <b>INDEPENDENT CLAIMS</b><br>1 |
|--|--|-------------------------------|----------------------------|--------------------------|--------------------------------|

**ADDRESS**

000038732

**TITLE**

INCREASING RETRIEVABLE CELLS FROM A BREAST DUCT

|                                   |   |   |
|-----------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>900 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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